| J BURNS DOGM SJ/LB M  | /021/004 4/19   |  |  |
|---|---|--|--|
| SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 4.  Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person |   |  |  |
| delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.   |   |  |  |
| 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.   |   |  |  |
| 3. Article Addressed to:  | 4. Article Number   |  |  |
| BRENT WILLOUGHBY  | P 001 717 848   |  |  |
| HECLA MINING CO   | Type of Service:  |  |  |
| P O BOX 310 ENTERPRISE UT 84725   | Registered Insured Certified COD Express Mail                     |  |  |
| ENTERPRISE OF 04/25   | Always obtain signature of addressee or agent and DATE DELIVERED. |  |  |
| 5. Signature — Addressee<br>X   | 8. Addressee's Address (ONLY if requested and fee paid)           |  |  |
| 6. Signature - Agent  |   |  |  |
| X ann Martinon  |   |  |  |
| 7. Date of Delivery H-21-89   | •   |  |  |
| S Form 3811 Feb 1986  |   |  |  |

## UN STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code
in the space below.

• Complete items 1, 2, 3, and 4 on the reverse.

 Attach to front of article if space permits, otherwise affix to back of article.

 Endorse article "Return Receipt Requested" adjacent to number.







Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING

3 TRIAD CENTER, SUITE 350 SALT LAKE CITY, UTAH 84180-1203

## RECEIPT FOR CERTIFIED MAII

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

|        | (See Reverse)   |       |
|--------|---|-------|
| 410-0  | Sent to BRENT WILLO   |       |
| **-+00 | Street and No. P O BOX 310                                    |       |
|        | P.O., State and ZIP Code<br>ENTERPRISE UT                     | 84725 |
| 5.0.0  | Postage   | \$    |
|        | Certified Fee   |       |
|        | Special Delivery Fee  |       |
|        | Restricted Delivery Fee                                       | 1     |
|        | Return Receipt Showing to whom and Date Delivered             |       |
| 300    | Return receipt showing to whom, Date, and Address of Delivery |       |
|        | TOTAL Postage and Fees  | 35    |
| ,      | Postmark or Date 1989   |       |
|        | 3º USY  |       |

M/021/004 4/19

## CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (\$88 front) STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE

- leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier 1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article
- article, date, detach and retain the receipt, and mail the article 2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the
- Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. RETURN RECEIPT REQUESTED adjacent to the number If you want a return receipt, write the certified mail number and your name and address on a return receipt card
- RESTRICTED DELIVERY on the front of the article If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse
- quested, check the applicable blocks in item 1 of Form 3811 Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is re
- Save this receipt and present it if you make inquiry